

(3)

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 16-01695
DEFENDANT Beth Coleman	TYPE OF PROCESS Sale

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	Beth Coleman ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 112 North Elmira Street, Athens, PA. 18810

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

KML Law Group, P.C.
701 Market
Suite 5000
Philadelphia, PA 19106

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

FILED
HARRISBURG, PA
NOV 15 2017
ADA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Minimum Bid: \$89,000.00

Sale: November 9, 2017 at 11:00 a.m.

Bradford County 301 Main Street, Towanda PA. 18848

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 11/2/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 11/2/17
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 11/9/17	Time 11:00	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy
[Signature]

Service Fee \$195.00	Total Mileage Charges including endeavors \$75.00	Forwarding Fee <i>[Symbol]</i>	Total Charges \$270.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

NO SALE 135 miles R/T

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 11/13